PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10676643

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN R SMALL ENTITY											
TOTAL CLAIMS			10				Í	RATE	FEE		RATE	FEE										
FOR			NUMBER FILED		NUMBE	R EXTRA		BASIC FEE	385.00	OR	BASIC FEE	770.00										
TOTAL CHARGEABLE CLAIMS			10 minus 20=		* 2			X\$ 9=		OR	X\$18=	Ì										
			- 111111	us 3 =	* ,			X43=			X86=	86										
	PENDENT CL			us 5 =	<u> </u>			7,402		OR		ت ت										
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=											
* If the difference in column 1 is less than zero, enter "0" in colu						olumn 2		TOTAL		OR	,	856										
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	NTITY	OR	OTHER SMALL											
AT A		(Column 1) CLAIMS REMAINING AFTER	,	HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE										
ME	Total	*	Minus	**		=		X\$ 9=	_	OR	X\$18=											
AMENDMENT	Independent	*	Minus	***		=		X43=		OR	X86=											
¥	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							.445		OR	+290=											
								+145= TOTAL		↓	TOTAL											
	(Column 1) (Column 2) (Column 3)									OR	ADDIT. FEE											
			ADDI-	1		ADDI-																
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUI PREV	HEST MBER HOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE										
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=											
	Independent	*	Minus	***		=		X43=		OR	X86=											
E	FIRST PRESE	NTATION OF M	IULTIPLE DEI	PENDEN	IT CLAIM		J	+145=		OR	+290=											
								TOTAL		4	TOTA											
								ADDIT. FEE		1 0.,	ADDIT. FE	=										
	(Column 1) (Column 2) (Column 3)								ADDI-	1		ADDI-										
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NU PRE	MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL										
ME	Total	*	Minus	**		= .		X\$ 9=		OR	X\$18=											
WENT IN	Independent	*	Minus	***		=		X43=		OR	X86=											
\{\bar{\pi}	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								1	1	200	1										
		the entry in column 1 is less than the entry in column 2, write "0" in column 3. TOTAL								OR OF	TOT/											
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "2".											ADDIT. FE											
*	f the "Highest N" The "Highest Nu	iumber Previously imber Previously F	Paid For" (Total	or Indepe	endent) is t	he highest num	ber 1	found in the a	ppropriate b	ox in o	** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											